PTO/SB/17 (10-08)

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Effective	Complete if Known						
Fees pursuant to the Consolidate			Application Nur	nber	10/816,203-Cd	nf. #7503	•
FEE TRA	NSIV	IITTAL	Filing Date		April 1, 2004		
			First Named Inv	ventor	David Bolen		
For FY 2009			Examiner Name	Name J. H. Blackwell			
X Applicant claims small	entity status.	See 37 CFR 1.27	Art Unit		2176		
TOTAL AMOUNT OF PAYMEN	Т	(\$) 405.00	Attorney Docket	No.	T0450.70038US00		
METHOD OF PAYMENT	(check all	that apply)					
Check X Credit Ca	ш	Money Order No		(please iden	··		
Deposit Account Depos	it Account Nur	nber: 23/2825	Deposit	Account Na	me: Wolf, Green	ifield & Sa	cks, P.C.
For the above-identi	fied deposit	account, the Director is	s hereby authorize	ed to: (ch	eck all that apply)		
Charge fee(s)	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any ad fee(s) under 3	ditional fee	(s) or underpayments of and 1.17	of X Credit	any over	payments		
FEE CALCULATION							
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEES					
	FILIN		ARCH FEES	EXAM	INATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fees I	Paid (\$)
Utility	330	165 540	270	220	110		<u> </u>
Design	220	110 100	50	140	70		
Plant	220	110 330	165	170	85		
Reissue	330	165 540	270	650	325		
Provisional	220	110 0	0	0	0		
2. EXCESS CLAIM FEES	220	****	v	Ū	O		Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including	ng Reissue	s)				52	26
Each independent claim over	r 3 (includ	ing Reissues)				220	110
Multiple dependent claims						390	195
Total Claims Extr			ee Paid (\$) Mu		Iultiple Dependent Claims		
HP = highest number of total clair		c =		ļ	Fee (\$)	Fee Paid (<u>5)</u>
-	a Claims	-	ee Paid (\$)				_
3 or HP =		=					
HP = highest number of independ	ent claims pa	id for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	.52(e)), the	application size fee du	ie is \$270 (\$135)				0
	tra Sheets		dditional 50 or fra	ction there	eof Fee (\$)	Fee	Paid (\$)
- 100 =		/50 =	(round up to a who	ole numbe	r) x	=	
4. OTHER FEE(S) Non-English Specification	n \$120 f	aa (na amall antitu diaa	t)			Fees	Paid (\$)
Other (e.g., late filing sur	-	` •	,	tion (RC	E) (see 37	м	05.00
<i>f</i>	60)2	/	aca czamila				,,,,,,
SUBMITTED BY Signature	 J	1 miles 4	Registration No.	57 964	Tolorhana	617.644	2 0000
		WIMM	(Attorney/Agent)	57,866		617.646	
Name (Print/Type) Scott J. G	erwin		,		Date	July 28	, 2009

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: July 28, 2009 Signature:
